

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6292

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township _____

Primary Registration District No. _____

City Kansas City(No. 4235 Montgall W.D.)

St. _____ Ward _____

2. FULL NAME Mrs. Malinda Goeltzer(a) Residence, No. Cethel R.R. #1 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1851
7. AGE YEARS 86 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. _____ or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn13. NAME Adam Sippl14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Catherine Grace16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. F. E. Tux (ADDRESS) 4234 Montgall W.D.18. BURIAL, CREMATION, OR REMOVAL PLACE O. O. O. Blending Bethel DATE 2-7 193719. UNDERTAKER Capt. Bros Funeral Home (ADDRESS) 1416 Main Ave.20. FILED 2-6- 1937 M. M. Crone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 5 193722. I HEREBY CERTIFY, That I attended deceased from 2-2 1937, to 2-5 1937I last saw her alive on 2-5 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Pathology Date of onset 1-15-37Coronary Failure

Other contributory causes of importance:

Longstanding Heart Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation or deceased? _____

If so, specify _____

(Signed) F. E. Tux M. D.(Address) 1416 Main Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

